

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Infusion Therapy Providers  
Managed Care Plans

**Memorandum No: 04-14 MAA**  
**Issued:** April 6, 2004

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Subject: Medical Nutrition Program: Product List and Policy Changes**

**Retroactive to dates of service on and after April 1, 2004**, the Medical Assistance Administration (MAA) is making the following changes to MAA's Medical Nutrition Program:

- Clarifying the billing procedure for thickeners;
- Adding SimplyThick® to the Product List; and
- Removing the prior authorization requirement from certain bars and drinks.

These changes are reflected in the attached replacement pages for MAA's Medical Nutrition Program Billing Instructions, dated November 2000.

### **Billing Procedures for Thickeners**

The following examples describe pre- and post-HIPAA billing procedures for thickening agents:

#### **Billing for an 8 ounce can of Thick-It**

- For dates of service prior to October 1, 2003 (pre-HIPAA): **56 tablespoons X \$0.08 per tablespoon = \$4.48**. Bill with state-unique code **0200B**.
- For dates of service on and after October 1, 2003 (post-HIPAA): **8 ounces X \$0.56 per ounce = \$4.48**. Bill with HCPCS code **B4100**.

### **Addition of SimplyThick® to the Product List**

MAA now covers SimplyThick®. Use HCPCS code B9998 when billing MAA for this product. Prior authorization is required (see Product List).

## Prior Authorization Changes

MAA is making the following changes to its prior authorization requirements:

- Certain nutritional drinks no longer require prior authorization (see Product List); and
- MAA only reimburses for nutritional bars when provided to clients with fluid restrictive diets. Bill MAA for nutritional bars using HCPCS code B9998 along with expedited prior authorization (EPA) #870000868.

MAA has updated the Product List in MAA's Medical Nutrition Billing Instructions, dated November 2000. Attached are replacement pages F.1-F.8 and G.1-G.2 of those billing instructions.

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

# Product List

Effective with dates of service on and after October 1, 2003, providers must use the applicable HCPCS codes for all medical nutritional claims. **Please note: Modifier "BO" must be used when the product is being administered orally.**

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number.</b>				
Advera	0000B	B4154	100 cal	\$1.60
Additions	0412B	B4155	100 cal	\$0.89
Alimentum	0001B	B4153	100 cal	\$2.97
AlitraQ	0002B	B4154	100 cal	\$1.60
Amino-Aid	0003B	B4154	100 cal	\$1.60
Beneprotein (see Resource Beneprotein)				
Boost (with or without fiber)	0004B	B4150	100 cal	\$0.92
Boost Breeze	0400B	B4150	100 cal	\$0.92
Boost HP	0005B	B4150	100 cal	\$0.92
Boost Plus	0006B	B4152	100 cal	\$0.62
Calcilco XD Pwd	0388B	B4154	100 cal	\$1.60
Carnation Alsoy	0008B	B4150	100 cal	\$0.92
Carnation Follow-up	0009B	B4150	100 cal	\$0.92
Carnation Good Start	0010B	B4150	100 cal	\$0.92
Casec	0011B	B4155	100 cal	\$0.89
Choice DM	0012B	B4154	100 cal	\$1.60
Choice DM Bar (EPA required; use # 870000868. See page G.1.)	0013B	B9998	100 cal	\$0.72
Compleat Modified	0014B	B4151	100 cal	\$0.94
Compleat Pediatric	0015B	B4151	100 cal	\$0.94
Comply	0016B	B4152	100 cal	\$0.62
Criticare HN	0017B	B4153	100 cal	\$2.97
Crucial	0019B	B4153	100 cal	\$2.97
Cyclinex 1	0021B	B4153	100 cal	\$2.97
Cyclinex 2	0023B	B4153	100 cal	\$2.97
Deliver 2.0	0025B	B4152	100 cal	\$0.62

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
Diabetisource	0027B	B4154	100 cal	\$1.60
Diabetisource AC	0411B	B4154	100 cal	\$1.60
Duocal	0414B	B4155	100 cal	\$0.89
Elecare	0028B	B4153	100 cal	\$2.97
Enfacare	0029B	B4150	100 cal	\$0.92
Enfamil	0365B	B4150	100 cal	\$0.92
Enfamil 22	0030B	B4150	100 cal	\$0.92
Enfamil AR	0031B	B4150	100 cal	\$0.92
Enfamil LactoFree	0032B	B4150	100 cal	\$0.92
Enfamil Next Step	0033B	B4150	100 cal	\$0.92
Enlive	0034B	B4152	100 cal	\$0.62
Ensure (with or without fiber)	0039B	B4150	100 cal	\$0.92
Ensure Bar <b>(EPA required; use # 870000868. See page G.1.)</b>	0035B	B9998	100 cal	\$0.72
Ensure High Protein	0036B	B4150	100 cal	\$0.92
Ensure Plus	0037B	B4152	100 cal	\$0.62
Ensure Plus HN	0038B	B4152	100 cal	\$0.62
FAA (Free Amino Acid Diet)	0397B	B4153	100 cal	\$2.97
FiberSource	0040B	B4150	100 cal	\$0.92
FiberSource HN	0041B	B4150	100 cal	\$0.92
GA 1 and 2	0042B	B4153	100 cal	\$2.97
Generic/Store Brand Formula	0399B	B4150	100 cal	\$0.92
<i><b>Note:</b> Providers may bill for Generic or Store Brand products only when the content of the product is the same as Ensure, Boost, or NuBasics.</i>				
Glucerna	0043B	B4154	100 cal	\$1.60
Glucerna Bar <b>(EPA required; use # 870000868. See page G.1.)</b>	0044B	B9998	100 cal	\$0.72
Glucerna Shake	0045B	B4154	100 cal	\$1.60
Glutarex 1	0046B	B4153	100 cal	\$2.97
Glutarex 2	0047B	B4153	100 cal	\$2.97
Glutasorb	0385B	B4153	100 cal	\$2.97

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
Glytrol	0048B	B4150	100 cal	\$0.92
HCY 1 and 2	0049B	B4154	100 cal	\$1.60
Hepatic-Aid	0050B	B4154	100 cal	\$1.60
Hominex 1	0051B	B4153	100 cal	\$2.97
Hominex 2	0052B	B4153	100 cal	\$2.97
Immun-Aid	0053B	B4154	100 cal	\$1.60
Immunocal	0389B	B4155	100 cal	\$0.89
Impact 1.5	0054B	B4154	100 cal	\$1.60
Impact (with or without fiber)	0055B	B4154	100 cal	\$1.60
Impact Glutamine	0417B	B4153	100 cal	\$2.97
Impact Recover	0415B	B4154	100 cal	\$1.60
Isocal	0056B	B4150	100 cal	\$0.92
Isocal HN	0057B	B4150	100 cal	\$0.92
Isocal HN Plus	0390B	B4150	100 cal	\$0.92
Isomil	0059B	B4150	100 cal	\$0.92
Isomil DF	0061B	B4150	100 cal	\$0.92
Isosource 1.5	0064B	B4152	100 cal	\$0.62
Isosource	0063B	B4150	100 cal	\$0.92
Isosource HN	0065B	B4150	100 cal	\$0.92
Isosource VHN	0066B	B4154	100 cal	\$1.60
Isotein HN	0067B	B4153	100 cal	\$2.97
Jevity	0068B	B4150	100 cal	\$0.92
Jevity Plus	0069B	B4150	100 cal	\$0.92
Juven (powder)	N/A	B4155	100 cal	\$0.89
KetoCal	0410B	B4151	100 cal	\$0.94
Ketonex 1	0071B	B4153	100 cal	\$2.97
Ketonex 2	0073B	B4153	100 cal	\$2.97
Kindercal	0075B	B4150	100 cal	\$0.92
Kindercal TF w/Fiber	0391B	B4150	100 cal	\$0.92
Lipisorb Liquid	0077B	B4154	100 cal	\$1.60
L-Emental	0380B	B4153	100 cal	\$2.97
L-Emental Hepatic	0381B	B4154	100 cal	\$1.60
Lofenalac	0079B	B4154	100 cal	\$1.60

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
LYS 1 and 2	0081B	B4154	100 cal	\$1.60
Magnacal Renal	0083B	B4154	100 cal	\$1.60
MCT Oil	0085B	B4155	100 cal	\$0.89
Microlipids	0087B	B4155	100 cal	\$0.89
Modulen IBD	0395B	B4154	100 cal	\$1.60
MSUD	0089B	B4154	100 cal	\$1.60
MSUD 2	0091B	B4154	100 cal	\$1.60
Neocate	0093B	B4153	100 cal	\$2.97
Neocate One Plus	0095B	B4153	100 cal	\$2.97
NeoSure	0097B	B4150	100 cal	\$0.92
Nepro	0100B	B4154	100 cal	\$1.60
Novasource 2.0	0406B	B4152	100 cal	\$0.62
Novasource Renal	0101B	B4154	100 cal	\$1.60
Novasource Pulmonary	0102B	B4152	100 cal	\$0.62
NuBasics (with or without fiber)	0108B	B4150	100 cal	\$0.92
NuBasics 2.0	0103B	B4152	100 cal	\$0.62
NuBasics Bar (EPA required; use # 870000868. See page G.1.)	0104B	B9998	100 cal	\$0.72
NuBasics Fruit Beverage	0105B	B4152	100 cal	\$0.62
NuBasics Plus	0106B	B4152	100 cal	\$0.62
NuBasics VHP	0107B	B4150	100 cal	\$0.92
Nutramigen	0109B	B4150	100 cal	\$0.92
Nutren 1.0 (with or without fiber)	0110B	B4150	100 cal	\$0.92
Nutren 1.5	0111B	B4152	100 cal	\$0.62
Nutren 2.0	0113B	B4152	100 cal	\$0.62
Nutren Junior (with or without) fiber	0114B	B4150	100 cal	\$0.92
Nutrihep	0115B	B4154	100 cal	\$1.60
Nutrirenal	0370B	B4154	100 cal	\$1.60
Nutrivent	0116B	B4154	100 cal	\$1.60
Optimental	0392B	B4153	100 cal	\$2.97
OS 1 and 2	0117B	B4154	100 cal	\$1.60
Osmolite	0118B	B4150	100 cal	\$0.92
Osmolite HN	0119B	B4150	100 cal	\$0.92
Osmolite HN Plus	0120B	B4150	100 cal	\$0.92

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
Pediasure (with or without fiber)	0121B	B4150	100 cal	\$0.92
Ped Peptinex DT (with or without fiber)	N/A	B4153	100 cal	\$2.97
Peptamen	0122B	B4154	100 cal	\$1.60
Peptamen 1.5	0123B	B4153	100 cal	\$2.97
Peptamen with Prebio 1	0396B	B4153	100 cal	\$2.97
Peptamen Junior	0124B	B4154	100 cal	\$1.60
Peptamen VHP	0125B	B4154	100 cal	\$1.60
Peptinex DT	0409B	B4153	100 cal	\$2.97
Perative	0126B	B4154	100 cal	\$1.60
PFD2	0127B	B4155	100 cal	\$0.89
Phenex 1	0128B	B4153	100 cal	\$2.97
Phenex 2	0129B	B4153	100 cal	\$2.97
PhenylAde	0130B	B4155	100 cal	\$0.89
PhenylAde MTE	0131B	B4155	100 cal	\$0.89
Phenyl-Free	0132B	B4154	100 cal	\$1.60
Phenyl-Free 2	0133B	B4154	100 cal	\$1.60
Phenyl-Free HP2	0134B	B4154	100 cal	\$1.60
Polycose Liquid	0135B	B4155	100 cal	\$0.89
Polycose Powder	0136B	B4155	100 cal	\$0.89
Portagen	0137B	B4150	100 cal	\$0.92
Pregestimil	0138B	B4154	100 cal	\$1.60
Probalance	0139B	B4150	100 cal	\$0.92
Pro-Cel	0401B	B4155	100 cal	\$0.89
Product 3200AB	0140B	B4154	100 cal	\$1.60
Product 3232	0141B	B4154	100 cal	\$1.60
Product 80056	0142B	B4155	100 cal	\$0.89
Promod	0143B	B4155	100 cal	\$0.89
Promote (with or without fiber)	0145B	B4150	100 cal	\$0.92
Pro-Peptide	0382B	B4154	100 cal	\$1.60
Pro-Peptide VHN	0383B	B4154	100 cal	\$1.60
Pro-Peptide for Kids	0384B	B4154	100 cal	\$1.60
ProPhree	0147B	B4155	100 cal	\$0.89
Propimex 1	0149B	B4153	100 cal	\$2.97

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
Propimex 2	0159B	B4153	100 cal	\$2.97
ProSobee	0160B	B4151	100 cal	\$0.94
ProSure	0413B	B4155	100 cal	\$0.89
Protein Eight Bar <b>(EPA required; use # 870000868. See page G.1.)</b>	0387B	B9998	100 cal	\$0.72
ProViMin	0164B	B4155	100 cal	\$0.89
Pulmocare	0167B	B4154	100 cal	\$1.60
RCF	0168B	B4155	100 cal	\$0.89
Re/Neph	0393B	B4154	100 cal	\$1.60
Reabilan	0169B	B4153	100 cal	\$2.97
Reabilan HN	0170B	B4153	100 cal	\$2.97
Regain Bar <b>(EPA required; use # 870000868. See page G.1.)</b>	0177B	B9998	100 cal	\$0.72
Renal Cal	0178B	B4154	100 cal	\$1.60
Replete (with or without fiber)	0179B	B4154	100 cal	\$1.60
Resource	0180B	B4150	100 cal	\$0.92
Resource Arginaid	0403B	B4155	100 cal	\$0.89
Resource Bar	0181B	B4150	100 cal	\$0.72
Resource Benecalorie	0419B	B4154	100 cal	\$1.60
Resource Beneprotein	0405B	B4155	100 cal	\$0.89
Resource Diabetic	0182B	B4150	100 cal	\$0.92
Resource Diabetishield	0416B	B4154	100 cal	\$1.60
Resource Fruit Beverage	0183B	B4150	100 cal	\$0.92
Resource GlutaSolve	0407B	B4155	100 cal	\$0.89
Resource Just for Kids	0184B	B4150	100 cal	\$0.92
Resource Plus	0188B	B4152	100 cal	\$0.62
Resource ThickenUp	0404B	B4100	1 pwd oz	\$0.56
Respalor	0189B	B4152	100 cal	\$0.62
SandoSource Peptide	0190B	B4154	100 cal	\$1.60
Similac	0194B	B4150	100 cal	\$0.92
Similac PM 60/40	0195B	B4154	100 cal	\$1.60
SimplyThick <b>(PA Required)</b>	N/A	B9998	1 oz	<b>Submit Invoice</b>
Subdue	0197B	B4153	100 cal	\$2.97

Product Name	Discontinued Code	New HCPCS Code	Unit	Maximum Allowable
<b>Billing must be limited to a 1-month supply.</b> <b>Units must be rounded to the nearest whole number.</b>				
Suplena	0198B	B4154	100 cal	\$1.60
Thick & Easy	0199B	B4100	1 pwd oz	\$0.56
Thick-It	0200B	B4100	1 pwd oz	\$0.56
Tolerex	0203B	B4156	100 cal	\$3.55
TraumaCal	0204B	B4154	100 cal	\$1.60
TwoCal HN	0386B	B4152	100 cal	\$0.62
Tyrex 2	0205B	B4153	100 cal	\$2.97
Tyros 2	0209B	B4154	100 cal	\$1.60
UCD 1 and 2	0210B	B4154	100 cal	\$1.60
Ultracal	0371B	B4150	100 cal	\$0.92
Ultracal HN Plus	0394B	B4150	100 cal	\$0.92
Upcal D	0402B	B4155	100 cal	\$0.89
Valex 1	0217B	B4153	100 cal	\$2.97
Valex 2	0218B	B4153	100 cal	\$2.97
VHC 2.25	0418B	B4152	100 cal	\$0.62
Vital HN	0219B	B4153	100 cal	\$2.97
Vivonex Pediatric	0376B	B4153	100 cal	\$2.97
Vivonex Plus	0377B	B4154	100 cal	\$1.60
Vivonex TEN	0220B	B4154	100 cal	\$1.60

## Fiber/Hydration Products

Fiber and hydration products are covered on a limited basis through MAA's Prescription Drug Program.

## How are products added to the Medical Nutritional product list?

Suppliers who want to have additional products on this list must submit the following to MAA:

- Products profile;
- Product profile of any similar products already covered by MAA;
- Category recommendation;
- Average wholesale price (AWP); and
- Certification that Medicare has approved the product.

Send your requests for consideration to:

Medical Assistance Administration

ATTN: Medical Nutrition

P.O. Box 45506

Olympia, WA 98504-5506

# Prior Authorization

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## What is prior authorization?

Prior authorization is MAA approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization and limitation extensions are forms of prior authorization.**

## Is prior authorization required for medical nutrition?

**Yes!** MAA requires providers to obtain prior authorization for the following:

- HCPCS code B9998 for miscellaneous medical nutrition;
- HCPCS code B9998 for Low Profile Gastronomy Replacement Kit requires EPA #870000742 to be entered in field 19 on the HCFA-1500 claim form;
- HCPCS code B9998 for nutritional bars requires EPA #870000868 to be entered in field 19 on the HCFA-1500 claim form **for clients with fluid restrictive diets only**; and
- HCPCS code E1399 for repair parts for client-owned equipment requires EPA #870000743 to be entered in field 19 on the HCFA-1500 claim form with an invoice attached.

## What is expedited prior authorization?

The expedited prior authorization (EPA) process is designed to eliminate the need for written and telephonic requests for prior authorization for selected HCPCS codes. MAA allows payment during a continuous 12-month period for this process.

To bill MAA for medical nutritionals that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits document the product description and conditions that make up the EPA criteria. Enter the EPA number on the HCFA-1500 claim form in the **field 19** or in the **Authorization** or **Comments** field when billing electronically. With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in **field 19** of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726
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If you are only billing one EPA number on a paper HCFA-1500 claim form, please continue to list the 9-digit EPA number in field 23 of the claim form.

**Example:** The 9-digit EPA number for Low Profile Gastrostomy Replacement Kit for a client that meets all of the EPA criteria would be **870000742** (870000 = first 6 digits, 742 = product and documented medical condition).

**Vendors are reminded that EPA numbers are only for those products listed in the fee schedule as requiring EPA numbers.** EPA numbers are not valid for:

- Other medical nutritionals requiring prior authorization through the Medical Nutrition program;
- Products for which the documented medical condition does not meet all of the specified criteria; or
- Over-limitation requests.

The written/fax request for prior authorization process must be used when a situation does not meet the criteria for a selected HCPCS code. Providers must submit the request in writing and fax it to MAA at:

**Division of Medical Management  
Program Management and Authorization Section  
Attn: Medical Nutrition Program Manager  
PO Box 45506  
Olympia, WA 98504-5506  
Fax: (360) 586-1471**

**Expedited Prior Authorization Guidelines:**

- A. Medical Justification (criteria)** - All medical justification must come from the client's prescribing physician with an appropriately completed prescription. MAA does not accept information obtained from the client or from someone on behalf of the client (e.g. family).
- B. Documentation** - The billing provider **must keep** documentation of the criteria in the client's file. Upon request, a provider must provide documentation to MAA showing how the client's condition met the criteria for EPA. Keep documentation on file for six (6) years. [Refer to WAC 388-502-0020]



**Note:** MAA may recoup any payment made to a provider under this section if the provider did not follow the expedited authorization process and criteria. Refer to WAC 388-502-0100.